

PTO/SB/05 (4/98)

Please type a plus sign (+) inside this box 

+ Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL** 

Attorney Docket No. 60,130-1004 First Inventor or Application Identifier Ruppert, et al Low Floor Drive Unit Assembly for An Electronically Drige

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b);

Express Mail Label No.

	PPLICATION EL		on contents.	ADL	DRESS TO:	Box Pate	nt Applica		D.
1.	ee Transmittal Form thmit an original and a ecification eferred arrangement si escriptive title of the fross References to tatement Regarding eference to Microfic ackground of the In rief Summary of the rief Description of th etailed Description claim(s) bstract of the Discle awing(s) (35 U.S.C. Declaration  Newly execute Copy from a p (for continuation i. DELET Signe inventor see 37 or TIEMS 1 & 13: IN ORDER LL ENTITY STATEMENT OIN A PRIOR APPLICAT	in (e.g., PTO/SB/ duplicate for fee pro [Total Paget forth below) e Invention Related Application g Fed sponsored Forth Appendix vention e Invention ne Drawings (if file posure 113) [Total Sheet Total Paget (original or copy rior application (3) divisional with Box TON OF INVENTOR d statement attact r(s) named in the C.F.R. §§ 1.63(d) TO BE ENTITLED TO IS REQUIRED (37 C.F. ION IS RELIED UPON ATION, check app	cessing) res 15 ]  ons R & D  ed)  ors  ors  ors  ors  ors  ors  ors  or	(if ap a. b. c. 7. 8. 9. 10. 11. 12. 13. 14. 15. 15. 14. 15. 15. 14. 15. 15. 14. 15. 15. 14. 15. 15. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	ACCOMPA  Assignmen  37 C.F.R.§. (when there English Tra Information Statement Preliminary Return Rec (Should be * Small Ent Statement( (PTO/SB/09) Certified Co (if foreign p Other:	computer r Amino Ac necessary, nputer Rea er Copy (ic tement ver NYING A t Papers (c 3.73(b) Sta e is an ass unstation D Disclosure (IDS)/PTO Amendme teipt Postc specificall ity s) 12) 12) 12) 13) 14) 15) 16) 17) 17) 18) 18) 19) 19 19 19 19 19 19 19 19 19 19 19 19 19	cid Seque ) adable Codentical to dentical to dentical to difying identical cover she atement of signee) rocument e ent ent (MPE by itemized Statement Statement Statement Statement signee) atemand	computer copy) comput	980 Ess
Prior app	ontinuation Di olication information: JATION or DIVISIONA o, is considered a par the incorporation can	Examiner F.  LAPPS only: The disclosure	of the accompan	of the prior a	pplication, fro ation or divisi	p / Art Unit: om which a onal applic	3611 n oath or	declaration is supplicited in the supplicited in the supplicited in the supplicit is the supplicit in the su	ed by
75.5.5.5.5.			RRESPOND						
Custom	ner Number or Bar Coo	de Label	ıstomer No. or Att			or 🔽	Correspor	ndence address below	
Name	Kerrie A. Laba Carlson, Gaskey	& Olds, P.C.							
Address	400 W. Maple R								
City	Birmingham		State	MI		Zip Code	4800	)9	
Country	United States		Telephone	(248) 988	-8360	Fa		3) 988-8363	
	Print/Type) Kerrie A	. Laba	L		istration No. (A	Attorney/Agent	0 42,	777	$\overline{f}$

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.





PTO/SB/17 (09-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **FEE TRANSMITTAL** for FY 2001

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

(\$) 934.00
-------------

Complete if Known			
Application Number	To be Determined		
Filing Date	Herewith		
First Named Inventor	Ruppert, et al		
Examiner Name			
Group Art Unit			
Attorney Docket No.	60,130-1004		

METHOD OF PAYMENT	FEE CALCULATION (continued)					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit  Deposit	3. ADDITIONAL FEES Large Entity Small Entity Fee	Too Doid				
Account Number 50-1482	Code (\$) Code (\$)	Fee Paid				
Denosit	105 130 205 65 Surcharge - late filing fee or oath	_				
Account Name Carlson, Gaskey & Olds, P.C.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet					
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	139 130 139 130 Non-English specification					
Applicant claims small entity status.	147 2,520 147 2,520 For filing a request for ex parte reexamination					
See 37 CFR 1.27	112 920* 112 920* Requesting publication of SIR prior to Examiner action					
2. Payment Enclosed:	113 1,840* 113 1,840* Requesting publication of SIR after					
	Examiner action					
FEE CALCULATION	115 110 215 55 Extension for reply within first month					
1. BASIC FILING FEE	116 390 216 195 Extension for reply within second month					
Large Entity Small Entity	117 890 217 445 Extension for reply within third month					
Fee Fee Fee Fee Description	118 1,390 218 695 Extension for reply within fourth month					
0040 (b) 0040 (c)	128 1,890 228 945 Extension for reply within fifth month					
7 - 710.00	119 310 219 155 Notice of Appeal					
	120 310 220 155 Filing a brief in support of an appeal					
107 490 207 245 Plant filing fee	121 270 221 135 Request for oral hearing					
· · · · · · · · · · · · · · · · · · ·	138 1,510 138 1,510 Petition to institute a public use proceeding					
114 150 214 75 Provisional filing fee	140 110 240 55 Petition to revive - unavoidable					
SUBTOTAL (1) (\$) 710.00	141 1,240 241 620 Petition to revive - unintentional					
2. EXTRA CLAIM FEES	142 1,240 242 620 Utility issue fee (or reissue)					
Fee from Extra Claims below Fee Paid	143 440 243 220 Design issue fee					
Total Claims 28 -20** = 8 x 18 = 144.00	144 600 244 300 Plant issue fee					
Independent	122 130 122 130 Petitions to the Commissioner					
Multiple Dependent = =	123 50 123 50 Petitions related to provisional applications					
	126 240 126 240 Submission of Information Disclosure Stmt					
Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)					
103 18 203 9 Claims in excess of 20	146 710 246 355 Filing a submission after final rejection (37 CFR § 1.129(a))					
102 80 202 40 Independent claims in excess of 3	149 710 249 355 For each additional invention to be					
104 270 204 135 Multiple dependent claim, if not paid	examined (37 CFR § 1.129(b))					
109 80 209 40 ** Reissue independent claims over original patent	179 710 279 355 Request for Continued Examination (RCE)					
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	169 900 169 900 Request for expedited examination of a design application					
SUBTOTAL (2) (\$) 224.00	Other fee (specify)					
**or number previously paid, if greater; For Reissues, see above	Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0					

SUBMITTED BY				Complete (if applicable)		
Name (Print/Type)	Kerrie A. Laba	Registration No. (Attorney/Agent)	42,777	Telephone	(248) 988-8360	
Signature	Mails-N	2_		Date	2-12-01	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



## CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" Mailing Label No. <u>EL692368095US</u> Date of Deposit<u>February 12, 2001</u> I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Box Patent Application, Washington, D. C. 20231.

Laura Combs

EL692368095US

